

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

_____, Plaintiff) Case No: _____
v.)
_____, Defendant)

NOTIFICATION REGARDING VIDEO RECORDING

The parties in this case are hereby notified that the following proceeding is eligible for video recording under the Judicial Conference Committee on Court Administration and Case Management Pilot Project on Cameras (see www.uscourts.gov/multimedia/cameras).

(Describe proceeding.)

Date of scheduled proceeding: ____/____/_____ (mm/dd/yyyy)

Parties should complete Form E1, PARTY RESPONSE REGARDING VIDEO RECORDING, and return it to the Clerk's Office no later than 7 (seven) days before the scheduled hearing.

_____/_____/_____
Date (mm/dd/yyyy)



Marjorie E. Krahm, Clerk of Court

DO NOT file Form E1 in CM/ECF. E-mail Form E1 to IASD_casemanagers@iasd.uscourts.gov.

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

_____, Plaintiff) Case No: _____
v.)
_____, Defendant)

PARTY RESPONSE REGARDING VIDEO RECORDING

The following proceeding in this case is eligible for video recording under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in the District Courts (available at www.uscourts.gov/multimedia/cameras).

(Describe proceeding.)

Date of scheduled proceeding: ____/____/_____(mm/dd/yyyy)

Check the appropriate box(es) below and on the next page to indicate whether you consent to the recording of some or all of this proceeding:

I consent to the recording of this entire proceeding.

I consent to the recording of some, but not all, of this proceeding.

➔ Explain the specific parts of the proceeding for which you do not consent to recording:

Indicate reason(s) not to video record (check all that apply):

- Proprietary Information (Trade Secret/Patent/Copyright)
- Confidential Financial Information
- Personal Medical/Psychiatric Information
- Non-public Figure Exposure (Embarassment/Ridicule)
- Other (Please explain)

I consent to the recording of this proceeding. The following witnesses have expressed a preference not to be recorded, for the reasons indicated.

➔ Name the specific witnesses for whom you do not consent to recording:

Indicate reason(s) not to video record (check all that apply):

- Proprietary Information (Trade Secret/Patent/Copyright)
- Confidential Financial Information
- Personal Medical/Psychiatric Information
- Non-public Figure Exposure (Embarassment/Ridicule)
- Other (Please explain)

I do not consent to the recording of any of this proceeding.

Indicate reason(s) not to video record (check all that apply):

- Proprietary Information (Trade Secret/Patent/Copyright)
- Confidential Financial Information
- Personal Medical/Psychiatric Information
- Non-public Figure Exposure (Embarassment/Ridicule)
- Other (Please explain)

I submit and sign this form on behalf of the party I represent and the witnesses I may call.

Signature

Name (please print)

Party you represent

_____/_____/_____ (mm/dd/yyyy)
Date

NOTICE: DO NOT FILE FORM E1 IN CM/ECF. Save completed Form E1 to pdf and
e-mail to IASD_casemanagers@iasd.uscourts.gov.